APPENDIX B. 2012 FIELD SAMPLING FORMS

Specimen Tally and Location Form

Project Name:	Project No.:	
Species Sampled:	Field Crew Initials:	

Collection Date	Collection Time	Latitude	Longitude	Specimen ID No.	Length (mm)	Weight (g)	Gender	Comments
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Non-Target Species Tally and Location Form

Project Name:	Project No.:	
Field Crew Initials:		

Collection Date	Collection Time	Latitude	Longitude	Species	Length Min (mm)	Length Max (mm)	Total Weight (g ww)	Count	Comments
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CHAIN-OF-CUSTODY/TEST REQUEST FORM of Project/Client Name: Ship to: Project Number: Attn: Shipping Date: Contact Name: Shipper: Airbill Number: Sampled By: Form filled out by: Turnaround requested: Test(s) Requested (check test(s) required) Volume of Sample Collection Date Comments / Instructions Sample / # of (m/d/y) Containers Time Sample Identification Matrix [Jar tag number(s)] **Total Number of Containers** Purchase Order / Statement of Work # 2) Released by: 4) Released by: 1) Released by: 3) Released by: 5) Released by: Company: Windward Environmental Company: Company: Company: Company: Date/Time: Date/Time: Date/Time: Date/Time: Date/Time: Rec'd by: Rec'd by: Rec'd by: Rec'd by: Rec'd by: Company: Company: Company: Company: Company:

Wind Ward environmental LLC

200 West Mercer Street Suite 401 Seattle, WA 98119 Tel: (206) 378-1364 Fax: (206) 217-9343

Date/Time:

To no complete any control of apost complete control				
Date of receipt::	Laboratory W.O. #:			
Condition upon receipt:	Time of receipt:			
Cooler temperature:	Received by:			

Date/Time:

To be completed by Laboratory upon sample receipt:

Date/Time:

Date/Time:

Sample Labels

Windward Environmental LLC					
200 W. Mercer St., Suite 401, Seattle, WA 98119					
Tel: (206) 378-1364 Fax: (206) 217-0089					
Project No.: Sampler initials:					
Collection date: Collection time:					
Species:					
Specimen ID:					
Length (mm): Weight (g)					

Windward Environmental LLC					
200 W. Mercer St., Suite 401, Seattle, WA 98119					
Tel: (206) 378-1364 Fax: (206) 217-0089					
Project No.: Sampler initials:					
Collection date: Collection time:					
Species:					
Specimen ID:					
Length (mm): Weight (g)					

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Project No.:	Sampler initials:			
Collection date:	Collection time:			
Species:				
Specimen ID:				
Length (mm):	Weight (g)			



FIELD PROTOCOL MODIFICATION FORM

Page	of	Field Change No:	Project No:	
Project Na	me:			
Field Protocol Modification:				
CHANGE REQUEST				
Applicable Reference:				
Description	ո of Change	9 :		
Reason for Change in Field Procedures or Analysis Variation (Please enter as much detail as possible):				
Special Eq	uipment, M	aterials or Personnel Required:		
Impact on Present and Completed Work:				
		Approval/Notification (Please add date sphone calls, e-mails, verbal communica		